No certificate may be issued unless a completed application form has been received (14 C.F.R. 65)

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION MECHANIC'S APPLICATION FOR INSPECTION AUTHORIZATION—PRIVACY ACT					Form Approved: OMB No. 04-R0110				
1.NAME (Last, first, middle)						2. MI	ECHANIC CERT	IFICATI	E NO.
3.MAILING ADDRESS (Number, street, city, State/County, ZIP Code) (Place at which you desire to receive Airworthiness Directives, etc.)			4a. FIXEI PLACE AT WHICH PERSON DURING	CATED IN					
5. HAVE YOU HELD A MECHANIC CERTIFICATE WITH BOTH AIRFRAME AND POWERPLANT RATINGS FOR THE 3 YEARS PRECEDING THE DATE OF THIS APPLICATION?								YES	NO
6. HAVE YOU BEEN ACTIVELY ENGAGED, FOR AT LEAST THE 2-YEAR PERIOD BEFORE THE DATE OF APPLICATION IN MAINTAINING AIRCRAFT CERTIFICATED AND MAINTAINED IN ACCORDANCE WITH THE FARS?									
7. HAS YOUR MECHANIC CERTIFICATE AND/OR RATINGS BEEN REVOKED OR SUSPENDED DURING THE 3—YEAR PERIOD PRECEDING THIS APPLICATION?									
8. HAS AN INSPECTION AUTHORIZATION BEEN DENIED YOU WITHIN 90 DAYS PREVIOUS TO THIS APPLICATION? IF ANSWER IS "YES", EXPLAIN IN REMARKS.									
9. HAVE YOU MET THE MINIMUM REQUIREMENTS FOR RENEWAL OF INSPECTION AUTHORIZATION? (For Renewal Only)									
ALTERATIONS	REPAIRS 10		TIONS L			RECENT ISSUANCE-IN EFFECT LESS THAN 90 DAYS BEFORE EXPIRATION DATE			
11. AIRCRAFT MAINTENANCE ACTIVITY DURING LAST 2 YEARS									
DATES NAME AND ADDRESS OF MANUFACTURE		F REPAIR STATION, FACILITY, ER, OPERATOR, ETC.			DESCRIPTION OF ACTIVITY				
FROM									
TO PRESENT									
FROM TO									
FROM									
то									
FROM									
ТО									
12. REMARKS									
13. CERTIFICATION: I certify that the statements made above and in all attachments hereto are correct and true.									
DATE		SIG	GNATURE OF APPI	LICANT					
14. RECORD OF ACTION (For FAA use only) INSPECTOR'S SIGNATURE OFFICE IDEN						CEICE IDENTIFY	ATION		
☐ ISSUANCE ☐ VOLUNTARY SURRENDER ☐ RENEWAL			SE ECTOR S SIGNATURE			OFFICE IDENTIFICATION			